

Views or Complaints for the Patient Advisory Committee

The form is used to submit views or complaints on health care and dental care provided in Region Norrbotten, the region's municipalities, or by private care providers that are contracted by the region.

The filled-out form should be sent to Patientnämnden, 971 89 Luleå.

Patient details

First name	Surname
Address	Telephone
Postcode and town	Personal identity number

Details of person providing the information (if other than patient)

First name	Surname
Address	Telephone
Postcode and town	

Care facility

Name of the care facility/facilities + date of event

Signature

Town and date
Patient's/carer's or representative's signature
Print name

Consent for personal details, views and complaints to be shared with the concerned organisations

Do you consent to your personal details, views and complaints being shared with the concerned organisation(s) with a request for a response?

Yes

No

Views/complaints for the Patient Advisory Committee

What has happened? Why are you contacting the Patient Advisory Committee?

Background

Briefly describe the event(s) you have views on

What questions do you want answered?

Proposed improvements/other information

Information for the reporting person

If the person providing information is not the patient (power of attorney or signatures from two guardians may be needed)

If the patient is of age, a power of attorney should be enclosed so that the Patient Advisory Committee's office can process the case.

If the patient is an underage child, their guardians must sign the form. An underage child who has reached sufficient age and maturity (generally late teens) should sign the form themselves, in which case guardians' signatures are not required.

Processing of personal details

In order for the Patient Advisory Committee to be able to process your case, the Patient Advisory Committee needs to register and store the personal details that you provide in your text. We process your personal details in accordance with the current data protection legislation, and do not transfer patient details to countries outside the EU/EES. Confidentiality applies both within health care and within the Patient Advisory Committee's operations. If you have given your consent as per the above, you can recall your consent at any time by contacting us.

You can also contact us for information about the details that we hold about you, and to exercise your rights in accordance with the current data protection legislation. For more information about this, please visit Region Norrbotten's website <http://www.norrbotten.se/Patientnamnden/> or contact our data protection representative via email: dataskyddsbud@norrbotten.se

If you have complaints concerning our processing of your personal data, you are entitled to submit complaints to regulatory authority the Swedish Authority for Privacy Protection.